

Post-Event Summary Report

Name of Event: Elder Voices: Let Your Stories Be Heard

Date of Event: July 19, 2005

Location of Event: University of Chicago – Chicago, IL

Number of Persons Attending: 55

Sponsoring Organizations: Chicago Task Force on LGBT Aging, Chicago Commission on Human Rights, and National Gay and Lesbian Task Force

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Priority Issue #1: Our Community

- Coordinated social and health services to maximize opportunity to age in place
- Availability of community referral resources
- Configuration of senior centers to appeal to next generation of senior citizens
- Home and community-based care
- Caregiver support, training and referrals
- Safe communities/protection from abuse and neglect

Barriers:

- We have no national demographic mechanism by which we can accurately quantify how many lesbian, gay, bisexual and transgender (LGBT) elders there are across the country and to qualify the kinds of service they are receiving from care providers. The 2000 Census began that process by including data for same-sex households with a partner 55 or older. Local area community groups, like the Chicago Task Force on LGBT Aging, have attempted to do smaller needs assessment to fill in some much needed information, but rarely is there money available to do a systematic city-wide approach. A lack of reliable national, state and local data means that the LGBT community's elders are being systematically left out of Area Planning documents and aging network agency planning – processes that allocate monies partly based on need demonstrated by clear demographics trends and numbers. Additional research into issues unique to LGBT seniors are also hampered because need cannot be demonstrated except in anecdotal information.
- Anecdotally, we know that older LGBT adults are an invisible and underserved population across this nation. Most LGBT elders must get their medical and social services needs met in traditional aging service networks because most communities across the country cannot afford LGBT specific services for its

elders. Yet we have many stories of abusive and negligent treatment being given to LGBT elders by both care providers and other senior residents/participants in nursing homes, senior housing facilities and senior centers. Hates crimes against LGBT persons age 60 and older are rising as illustrated by the need for an LGBT Liaison with the Cook County State's Attorney's office.

- We also know that our 65+ elders are extremely reticent to open up to medical and social service professionals because of their fears of being misjudged, marginalized or ridiculed. This generation grew up in an era that did not tolerate the notion of being gay or lesbian and many had found themselves ostracized and jailed for being LGBT. Transgender elders are especially worried that care providers will not respect who they are and will create an unwelcome environment to aging independently. Most aging network providers have no specific referral resources available for LGBT elders and their friends.
- Many LGBT baby boom caregivers are increasingly taking the lead in caring for their biological parents and grandparents as well as our LGBT elders are taking care of aging partners. Both groups are more likely to not know about services available to their aging family members and partners partly due to a lack of coordinated efforts to reach out to the LGBT community by traditional aging networks. Skepticism abounds from caregivers who have found existing support groups to be less than understanding of LGBT issues or more frequently, geared towards heterosexist views of who a "spouse" should really be.

Proposed Solutions:

- ✓ Adding the LGBT senior population to the AoA designations for special populations/minority populations' status would immediately add a level of importance to the needs of LGBT elders right down to the local levels of planning and funding.
- ✓ Continuing and even expanding the survey questions in the next Census survey would be a national level addition to the need for greater demographic data for research, planning and funding.
- ✓ It is imperative, and relatively easy, to make sure those national and local LGBT organizations working on LGBT aging issues be present at the national policy-making tables, especially when setting service needs and funding recipient requirements for the coming years.
- ✓ Encouraging all aging network agencies to include LGBT inclusive and identifying questions on participant intake forms would be a great asset for also providing local AAA's and senior service providers and agencies the demographic numbers needed to track the growth and understand the distinct needs of this community.

- ✓ Including LGBT aging sensitivity training to all cultural competency requirements for AoA funded agencies would help to create more inclusive and supportive places for LGBT elders to get the services they need. These agencies should include staff in case management, senior centers, meal sites and senior housing facilities. The Chicago Task Force on LGBT Aging is working closely with many aging network organizations to provide much asked for sensitivity training for staff and frontline workers like in-home care workers.
- ✓ Information and assistance and elder abuse sections of AoA funded agencies and local city and county emergency response help lines should be encouraged to expand their resource listings to include information on LGBT community resources that can help LGBT seniors, their families and friends. Sensitivity training for these first responders would also be highly recommended to avoid immediate disconnects because of inexperience or hostility towards the callers.
- ✓ The National Family Caregivers Alliance should provide funding opportunities for local AAA's and aging network agencies to work closely with local LGBT community groups in setting up support groups for LGBT caregivers.
- ✓ AoA funded agencies should be encouraged to also expand their outreach to caregivers in the LGBT community to make them equally aware of services available to their loved ones.

Priority Issue #2: Health and Long Term Living

- Access to affordable, high quality services
- National long term care policy
- Healthy lifestyles

Barriers:

- As the LGBT population ages, more and more seniors are finding the need for affordable and safe housing – an issue we hear as one of the top priorities at all our communities town hall meetings. Again, LGBT elders will find themselves using mostly traditional aging network senior independent housing facilities plus existing assisted living, supportive living and nursing home facilities later in life. A lack of truly affordable housing options is a universal problem for seniors across the spectrum. What makes the issue unique to LGBT elders is their fear and experiences of finding themselves having to decide whether or not they can be “out” in their housing setting and still be safe and free of harassment. It has become a life or death situation for many LGBT seniors who live in fear of residents and attendants alike finding out who they are.
- Studies show that many in the LGBT community are avoiding the medical and mental health professions and the many preventive checkups and procedures that can add years of healthy living because of their experiences with insensitive, homophobic and misinformed doctors and service providers. Early prevention can lead to better health in later years. In addition, older LGBT elders are not seeking services because of their fears of not being respected and misunderstood.

- Many LGBT seniors are facing growing financial difficulties as they age due to the inadequacies and inequalities in protection of benefits, such as mutually-earned retirement benefits, issues of survivorship and spend down protections not afforded them under spousal impoverishment legislation. Because benefits tend to be focused on “family” relationships instead of “household” designation, LGBT elders are being left to create the same protection of benefits of their heterosexual counterparts through extraordinary legal documents and procedures. For many with low to moderate incomes, these extra expenses can become simply too great to afford, and they are left to the mercies of families and the courts who tend to take mutually purchased homes and benefits away from long-time LGBT partners at the whims and requests of family members not caring for the wishes of the surviving elders.

Proposed Solutions:

- ✓ Again, sensitivity training on LGBT aging issues to be included in cultural competency requirements for federally-funded housing program staff and residents so that the safety of all elders is guaranteed. Inclusivity verbiage should be included in all mission statements for these facilities.
- ✓ In addition, support services for LGBT elders should be included in assisted living, supportive living and nursing home facilities to deal with frontline worker and family conflict issues. Staff of such facilities should have referral resources available to themselves and family members for appropriate support for the LGBT elders.
- ✓ Medical and mental health agencies can help to create safe and friendly environments through intake form expansion, sensitivity training for professional and support staff, and expanded outreach to the LGBT community.
- ✓ Expanding the definition of who can accompany a 60+ aged meal site participant to include domestic partners under the age of 60 would eliminate the exclusion of many LGBT seniors from enjoying the same positive effects of good food and community connections that other married seniors are offered daily.
- ✓ National policy discussions on long-term care must include the expansion of survivor and retirement beneficiary definitions to include domestic partners, especially in mutually-earned retirement benefit discussions. Adding domestic partners to spousal impoverishment legislation would help to eliminate the spend down effects on LGBT elders that the original legislation eliminated for married spouses.